



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|---|--|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Corvallis K-12 Schools | Legal Entity Number 0731 |
| Route # 2 | Length of Route (miles per day) 26 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 8051 | License # M93 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Brian Weber | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0731 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

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To County Supt
October 1

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October 15

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| | | | | |
|---|--|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Corvallis K-12 Schools | Legal Entity Number 0731 |
| Route # 7 | Length of Route (miles per day) 27 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 4416 | License # AQ18 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| Contractor Owned Brian Weber | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0731 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
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| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
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Rate Per Mile
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|---|--|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Corvallis K-12 Schools | Legal Entity Number 0731 |
| Route # 8 | Length of Route (miles per day) 29 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 7039 | License # M91 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| Contractor Owned Brian Weber | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

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|----------------------|--------------|--------------|--------------|
| Legal Entity 0731 | Legal Entity | Legal Entity | Legal Entity |
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| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
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| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
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Rate Per Mile
\$1.80

| | | | | |
|-------------------------------|--|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Corvallis K-12 Schools | Legal Entity Number 0731 |
| Route # 13 | Length of Route (miles per day) 30 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 7706 | License # 3653 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0731 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Rate Per Mile
\$1.80

| | | | | |
|-------------------------------|--|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Corvallis K-12 Schools | Legal Entity Number 0731 |
| Route # 9 | Length of Route (miles per day) 30.5 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 3274 | License # 598 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0731 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Rate Per Mile
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| | | | | |
|---|--|----------------------------|--|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Corvallis K-12 Schools | Legal Entity Number 0731 |
| Route # 1 | Length of Route (miles per day) 31 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 4411 | | License # AQ20 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| Contractor Owned Brian Weber | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0731 | | | |
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| PASSENGER INFORMATION | | | |
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| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
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| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
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| | | | | |
|-------------------------------|--|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Corvallis K-12 Schools | Legal Entity Number 0731 |
| Route # 3 | Length of Route (miles per day) 31 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 6963 | License # 579 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0731 | Legal Entity | Legal Entity | Legal Entity |
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| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
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| | | | | |
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| County Name Ravalli | | County Number 41 | District Name Corvallis K-12 Schools | Legal Entity Number 0731 |
| Route # 11 | Length of Route (miles per day) 34 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 6491 | License # 535 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0731 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|-------------------------------|--|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Corvallis K-12 Schools | Legal Entity Number 0731 |
| Route # 10 | Length of Route (miles per day) 36 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 5369 | License # 493 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0731 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|---|--|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Corvallis K-12 Schools | Legal Entity Number 0731 |
| Route # 5 | Length of Route (miles per day) 44 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 0532 | License # Z890 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Bret Tintzman | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0731 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|--|--|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Corvallis K-12 Schools | Legal Entity Number 0731 |
| Route # 4 | Length of Route (miles per day) 41 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 6317 | License # K878 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Brian Sutherland | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0731 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|---|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|-------------------------------|--|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Corvallis K-12 Schools | Legal Entity Number 0731 |
| Route # 6 | Length of Route (miles per day) 48 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 1426 | License # 555 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0731 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|-------------------------------|--|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Corvallis K-12 Schools | Legal Entity Number 0731 |
| Route # 12 | Length of Route (miles per day) 55 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 18 |
| Vehicle I.D. # 0672 | License # 632 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0731 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|--|--|----------------------------|--|---|
| County Name Ravalli | | County Number 41 | District Name Stevensville Public Schls | Legal Entity Number 0732 0733 |
| Route # 1 | Length of Route (miles per day) 54.4 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 88 |
| Vehicle I.D. # 9756 | | License # U414 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned Harlows School Bus Service | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0732 | Legal Entity 0733 | Legal Entity | Legal Entity |
| % 55.00 | % 45.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
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School Year 2004 - 2005

1 copy State Supt.
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|--|--|----------------------------|--|---|
| County Name Ravalli | | County Number 41 | District Name Stevensville Public Schls | Legal Entity Number 0732 0733 |
| Route # 6 | Length of Route (miles per day) 50 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 88 |
| Vehicle I.D. # 9758 | | License # U135 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned Harlows School Bus Service | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0732 | Legal Entity 0733 | Legal Entity | Legal Entity |
| % 55.00 | % 45.00 | % | % |

| PASSENGER INFORMATION | | | |
|---|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|----------------------------|--|---|
| County Name Ravalli | | County Number 41 | District Name Stevensville Public Schls | Legal Entity Number 0732 0733 |
| Route # 3 | Length of Route (miles per day) 53.2 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 0710 | | License # Y589 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned Harlows School Bus Service | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0732 | Legal Entity 0733 | Legal Entity | Legal Entity |
| % 55.00 | % 45.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|-------------------------------|--|--|--|---|
| County Name Ravalli | | County Number 41 | District Name Stevensville Public Schls | Legal Entity Number 0732 0733 |
| Route # 8 | Length of Route (miles per day) 49.6 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 0278 | License # 265 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0732 | Legal Entity 0733 | Legal Entity | Legal Entity |
| % 55.00 | % 45.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|-------------------------------|--|--|--|---|
| County Name Ravalli | | County Number 41 | District Name Stevensville Public Schls | Legal Entity Number 0732 0733 |
| Route # 7 | Length of Route (miles per day) 41.2 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 78 |
| Vehicle I.D. # 0277 | License # 388 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0732 | Legal Entity 0733 | Legal Entity | Legal Entity |
| % 55.00 | % 45.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Ravalli | | County Number 41 | District Name Stevensville Public Schls | Legal Entity Number 0732 0733 |
| Route # 4 | Length of Route (miles per day) 44 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 3611 | License # U410 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Harlows School Bus Service | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0732 | Legal Entity 0733 | Legal Entity | Legal Entity |
| % 55.00 | % 45.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Date

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Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|----------------------------|--|---|
| County Name Ravalli | | County Number 41 | District Name Stevensville Public Schls | Legal Entity Number 0732 0733 |
| Route # 10 | Length of Route (miles per day) 44.2 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 4514 | | License # 3TV4 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned Harlows School Bus Service | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0732 | Legal Entity 0733 | Legal Entity | Legal Entity |
| % 55.00 | % 45.00 | % | % |

| PASSENGER INFORMATION | | | |
|---|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Date

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Signature - Chair, County Transportation Committee

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Combined School District Application
for Registration of School Bus &
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1 copy State Supt.
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|-------------------------------|--|--|--|---|
| County Name Ravalli | | County Number 41 | District Name Stevensville Public Schls | Legal Entity Number 0732 0733 |
| Route # 5 | Length of Route (miles per day) 44.2 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 7269 | License # 494 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0732 | Legal Entity 0733 | Legal Entity | Legal Entity |
| % 55.00 | % 45.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Date

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Date



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Combined School District Application
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Ravalli | | County Number 41 | District Name Stevensville Public Schls | Legal Entity Number 0732 0733 |
| Route # 2 | Length of Route (miles per day) 44.6 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 2124 | License # 3TV3 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Harlows School Bus Service | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0732 | Legal Entity 0733 | Legal Entity | Legal Entity |
| % 55.00 | % 45.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|--|---|
| County Name Ravalli | | County Number 41 | District Name Stevensville Public Schls | Legal Entity Number 0732 0733 |
| Route # Tu.Th.Pre-school | Length of Route (miles per day) 68 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 48 |
| Vehicle I.D. # 9919 | License # V407 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Harlows School Bus Service | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0732 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|---|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
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Date



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PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|-------------------------------|--|----------------------------|--|---|
| County Name Ravalli | | County Number 41 | District Name Stevensville Public Schls | Legal Entity Number 0732 0733 |
| Route # 11 | Length of Route (miles per day) 34 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 88 |
| Vehicle I.D. # 6967 | | License # 459 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0732 | Legal Entity 0733 | Legal Entity | Legal Entity |
| % 55.00 | % 45.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|-------------------------------|--|--|---|---|
| County Name Ravalli | | County Number 41 | District Name Stevensville Public Schls | Legal Entity Number 0732 0733 |
| Route # 9 | Length of Route (miles per day) 29.6 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 7270 | License # 280 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|----------------------|--------------|--------------|
| Legal Entity 0732 | Legal Entity 0733 | Legal Entity | Legal Entity |
| % 55.00 | % 45.00 | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

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Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.36

| | | | | |
|-------------------------------|--|--|--|---|
| County Name Ravalli | | County Number 41 | District Name Stevensville Public Schls | Legal Entity Number 0732 0733 |
| Route # WC36 | Length of Route (miles per day) 22.2 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 60 |
| Vehicle I.D. # 5112 | License # 495 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0733 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Hamilton K-12 Schools | Legal Entity Number 0735 |
| Route # 3 | Length of Route (miles per day) 29 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 8274 | License # L154 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned M S Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0735 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Hamilton K-12 Schools | Legal Entity Number 0735 |
| Route # 1 | Length of Route (miles per day) 35 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 6130 | License # L152 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned M S Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0735 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Hamilton K-12 Schools | Legal Entity Number 0735 |
| Route # 5 | Length of Route (miles per day) 36 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 78 |
| Vehicle I.D. # 6141 | License # L156 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned M S Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0735 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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| TOTAL RIDERS | | | |

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Hamilton K-12 Schools | Legal Entity Number 0735 |
| Route # 2 | Length of Route (miles per day) 40 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 6129 | License # L153 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned M S Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0735 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Hamilton K-12 Schools | Legal Entity Number 0735 |
| Route # 4 | Length of Route (miles per day) 34 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 7874 | License # F191 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned M S Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0735 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Date



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Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|--|--|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Hamilton K-12 Schools | Legal Entity Number 0735 |
| Route # 9 | Length of Route (miles per day) 22 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 4175 | License # L159 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned M S Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0735 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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School Year 2004 - 2005

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|--|--|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Hamilton K-12 Schools | Legal Entity Number 0735 |
| Route # 8 | Length of Route (miles per day) 71 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 0888 | License # L158 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned M S Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0735 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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State Reimbursement
School Year 2004 - 2005

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Hamilton K-12 Schools | Legal Entity Number 0735 |
| Route # 6 | Length of Route (miles per day) 42 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 4975 | License # L157 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned M S Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0735 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|---|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|-------------------------------|--|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Hamilton K-12 Schools | Legal Entity Number 0735 |
| Route # Pre | Length of Route (miles per day) 50 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 10 |
| Vehicle I.D. # 9146 | License # L162 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0735 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
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| TOTAL ELIGIBLE RIDERS | | | |
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All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|--|--|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Hamilton K-12 Schools | Legal Entity Number 0735 |
| Route # 7 | Length of Route (miles per day) 66 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 9562 | License # P426 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned M S Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0735 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
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We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

**Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005**

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.36

| | | | | |
|---|--|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Victor K-12 Schools | Legal Entity Number 0738 |
| Route # 2 | Length of Route (miles per day) 33.6 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 66 |
| Vehicle I.D. # 1444 | License # L203 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned L & B Busing, Inc | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0738 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

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Date

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Date



Office of Public Instruction
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PO Box 202501
Helena, MT 59620-2501

**Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005**

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.36

| | | | | |
|---|--|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Victor K-12 Schools | Legal Entity Number 0738 |
| Route # 4 | Length of Route (miles per day) 40 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 66 |
| Vehicle I.D. # 4069 | License # L210 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned L & B Busing, Inc | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0738 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Date



Office of Public Instruction
Linda McCulloch, Superintendent
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Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|---|--|----------------------------|--|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Victor K-12 Schools | Legal Entity Number 0738 |
| Route # 1 | Length of Route (miles per day) 41 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 1766 | | License # L184 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned L & B Busing, Inc | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0738 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Date



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Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.36

| | | | | |
|---|--|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Victor K-12 Schools | Legal Entity Number 0738 |
| Route # 3 | Length of Route (miles per day) 39 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 66 |
| Vehicle I.D. # 4071 | License # L211 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned L & B Busing, Inc | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0738 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|-------------------------------|--|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Darby K-12 Schools | Legal Entity Number 0740 |
| Route # 4 | Length of Route (miles per day) 39.6 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 8557 | License # 615 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0740 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|-------------------------------|--|--|--|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Darby K-12 Schools | Legal Entity Number 0740 |
| Route # 6 | Length of Route (miles per day) 33.6 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 2892 | License # 556 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0740 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|-------------------------------|--|--|--|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Darby K-12 Schools | Legal Entity Number 0740 |
| Route # Kinder | Length of Route (miles per day) 34 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 7705 | License # 3652 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0740 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
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| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|-------------------------------|--|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Darby K-12 Schools | Legal Entity Number 0740 |
| Route # 3 | Length of Route (miles per day) 54.4 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 1680 | License # 511 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0740 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

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We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|-------------------------------|--|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Darby K-12 Schools | Legal Entity Number 0740 |
| Route # 2 | Length of Route (miles per day) 51 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 9014 | License # 463 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0740 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|-------------------------------|---|--|--|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Darby K-12 Schools | Legal Entity Number 0740 |
| Route # 1 | Length of Route (miles per day) 113.2 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 7705 | License # 3652 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0740 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|-------------------------------|---|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Darby K-12 Schools | Legal Entity Number 0740 |
| Route # 5 | Length of Route (miles per day) 131.4 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 5718 | License # 775 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0740 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|-------------------------------|--|--|--|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Lone Rock Elementary | Legal Entity Number 0741 |
| Route # 1 | Length of Route (miles per day) 47.8 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 0979 | License # 471 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0741 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|-------------------------------|--|--|--|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Lone Rock Elementary | Legal Entity Number 0741 |
| Route # 3 | Length of Route (miles per day) 33.4 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 4902 | License # 472 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0741 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
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October 15

Rate Per Mile
\$1.80

| | | | | |
|-------------------------------|--|--|--|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Lone Rock Elementary | Legal Entity Number 0741 |
| Route # 2 | Length of Route (miles per day) 40 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 88 |
| Vehicle I.D. # 4391 | License # 624 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0741 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
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All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|---|--|----------------------------|--|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Florence-Carlton K-12 Schls | Legal Entity Number 0743 |
| Route # 1 | Length of Route (miles per day) 34 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 9756 | | License # L180 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned L & B Busing, Inc | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0743 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|---|--|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Florence-Carlton K-12 Schls | Legal Entity Number 0743 |
| Route # 3 | Length of Route (miles per day) 34 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 2440 | License # L207 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned L & B Busing, Inc | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0743 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Signature - Chair, Board of Trustees

Date

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Helena, MT 59620-2501

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for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.36

| | | | | |
|---|--|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Florence-Carlton K-12 Schls | Legal Entity Number 0743 |
| Route # 9 | Length of Route (miles per day) 23 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 66 |
| Vehicle I.D. # 0090 | License # L202 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned L & B Busing, Inc | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0743 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|---|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
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Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
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Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.36

| | | | | |
|---|--|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Florence-Carlton K-12 Schls | Legal Entity Number 0743 |
| Route # 2 | Length of Route (miles per day) 25 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 66 |
| Vehicle I.D. # 0065 | License # L200 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned L & B Busing, Inc | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0743 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

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Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|-------------------------------|--|---|--|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Florence-Carlton K-12 Schls | Legal Entity Number 0743 |
| Route # 6 | Length of Route (miles per day) 12 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 7250 | | License # L181 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| | | Contractor Owned L & B Busing, Inc | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0743 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

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Date



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Helena, MT 59620-2501

Combined School District Application
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State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.36

| | | | | |
|---|--|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Florence-Carlton K-12 Schls | Legal Entity Number 0743 |
| Route # 12 | Length of Route (miles per day) 17 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 66 |
| Vehicle I.D. # 1485 | License # L186 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned L & B Busing, Inc | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0743 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|---|--|----------------------------|--|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Florence-Carlton K-12 Schls | Legal Entity Number 0743 |
| Route # 11 | Length of Route (miles per day) 19 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1845 | | License # T89 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned L & B Busing, Inc | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0743 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|---|--|----------------------------|--|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Florence-Carlton K-12 Schls | Legal Entity Number 0743 |
| Route # 4 | Length of Route (miles per day) 22 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 4697 | | License # L198 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned L & B Busing, Inc | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0743 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|---|--|----------------------------|--|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Florence-Carlton K-12 Schls | Legal Entity Number 0743 |
| Route # 13 | Length of Route (miles per day) 30 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1753 | | License # T90 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned L & B Busing, Inc | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0743 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Date

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Date



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Helena, MT 59620-2501

**Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005**

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|---|--|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Florence-Carlton K-12 Schls | Legal Entity Number 0743 |
| Route # 5A | Length of Route (miles per day) 30 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1765 | License # T88 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned L & B Busing, Inc | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0743 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Date

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Date



Office of Public Instruction
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PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|---|--|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Florence-Carlton K-12 Schls | Legal Entity Number 0743 |
| Route # 5B | Length of Route (miles per day) 30 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1765 | License # T88 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned L & B Busing, Inc | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0743 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Date



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Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|---|--|----------------------------|--|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Florence-Carlton K-12 Schls | Legal Entity Number 0743 |
| Route # 8 | Length of Route (miles per day) 30 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1749 | | License # T87 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned L & B Busing, Inc | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0743 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Helena, MT 59620-2501

Combined School District Application
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School Year 2004 - 2005

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|---|--|----------------------------|--|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Florence-Carlton K-12 Schls | Legal Entity Number 0743 |
| Route # 7 | Length of Route (miles per day) 32 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 8740 | | License # L189 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned L & B Busing, Inc | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0743 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Combined School District Application
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All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.36

| | | | | |
|---|--|--|---|------------------------------------|
| County Name Ravalli | | County Number 41 | District Name Florence-Carlton K-12 Schls | Legal Entity Number 0743 |
| Route # 10 SE | Length of Route (miles per day) 60 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 66 |
| Vehicle I.D. # 8600 | License # L205 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned L & B Busing, Inc | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0743 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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